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Colorectal Cancer Committee Meeting #2
May 29, 2002, 3-5pm
201 W. Preston St, Rm 301
MINUTES

➪**Presentation/Discussion of Risk Factors, Prevention, and Screening Information (Diane Dwyer)**

- The major risk factors for colorectal cancer (CRC) are age, personal and family history, and lifestyle issues.
- Questions regarding a possible relationship between CRC and breast cancer.
- Discussion of risk factors and differentiation between factors that cannot be modified such as age and genetics, and factors than can be modified such as diet and screening.
- Since about 75% of CRC occurs in people with no identified hereditary component, screening cannot just be focused on those people that do have a family history of the disease.
- The distribution of CRC throughout the world, with high incidence in the U.S. and other westernized countries, and low incidences in Asia and Africa, is evidence for the role of diet and environmental factors in CRC incidence.
- The natural history of CRC indicates the progression of a polyp to an advanced cancer.
- Screening methods include the fecal occult blood test (FOBT), which is the only method where randomized controlled clinical trials show that it decreases mortality from CRC.
- Questions regarding the use of FOBT vs. the use of colonoscopy for screening purposes. While colonoscopy has not been proven as a screening strategy, ACS recommends this above the FOBT.
- CRC screening has been shown to be cost-effective. CRC screening may even be more cost-effective than services such as breast and cervical cancer screening but is less well utilized than other screenings.
- Screening for CRC can act as prevention, when polyps are removed, as well as early detection which leads to fewer deaths.
- Comparison of the screening guidelines of several organizations. The National Cancer Institute's PDQ indicates that the FOBT has a high level of evidence and flexible sigmoidoscopy has a moderate level of evidence to support their use. The colonoscopy is not mentioned due to the lack of data to support its use. Conversely, the American Cancer Society offers 5 screening strategies. The American College of Gastroenterology also has a preferred strategy of colonoscopy.
- Discussion of the Maryland Colorectal Cancer Medical Advisory Committee's Minimal Elements document. Recommended strategy is colonoscopy or FOBT plus flexible sigmoidoscopy. Attachment 1 of the document shows the frequency of screening as related to the patient's risk category.
- Future issues include new technologies such as virtual colonoscopy, decreasing barriers to screening, reimbursement for tests, and liability/consent issues.

➪**Presentation of Focus Group information from Washington County (Ann Baker)**

- The Washington county health department conducted four focus group sessions in the hope of better understanding the knowledge, attitudes, and beliefs of county residents regarding colorectal cancer and preventive screening.
- The four groups included: two remote and medically underserved areas, low income/public housing residents, and inner city/minority populations.
- A focus group was also conducted with local physicians.
- Key findings from these focus groups included that many people felt that physicians are not discussing screening with their patients and that people felt this subject would be best covered in a small, informal discussion group with a presentation led by a physician. Specific recommendations from each focus group can be found in Ms. Baker's handout.
- Washington County launched a media campaign based on these findings. Details can be found in the handout.

➪**Presentation of East Baltimore's Bridge to Better Health/ACS Partner Program (LaVeda Devone)**

- This group conducted a series of interviews with individuals identified as community leaders by the targeted communities (East Baltimore area around Johns Hopkins). The participants were asked 10 questions regarding their knowledge, attitudes and beliefs about cancer in general.
- In general, participants viewed cancer as a death sentence, a disease that cannot be cured. There is a lot of fear and misperception surrounding the subject, with many believing that if there was a cure for cancer, they wouldn't be told about it. Many expressed confusion regarding different types of cancer, and often confused prostate with colorectal cancer. However, there is a general awareness of breast and cervical cancer, as well as an awareness of smoking as a cause of cancer (may be due to the "Truth" ad campaign). Younger populations were more likely to be open to screening, while older populations need to be advised directly be a physician or nurse about screening.
- After the interviews, 95% of participants were interested in being involved in spreading awareness about cancer.
- A community planning group has been established to lead these efforts. They have developed a strategic plan to address the barriers identified in the interviews. The group will continue to work closely with faith-based organizations, Hopkins and Morgan State.
- Some goals and ideas for future direction include holding block parties where healthcare info is available, offering individuals a transportation voucher for doctor's visits, having representatives from Medicare/Medicaid at functions to enroll people on the spot, and developing a speaker's list and script and educational materials.
- A written report on this process will be available at the next meeting.

➪**Demand for screening**

- Dr. Greenwald suggested that there is a concern among professionals as well as the public about the lack of GI physicians to provide colonoscopies, which have increased in demand.
- He reported that a large obstacle to quickly increasing the supply of gastroenterologists is the length of training a GI physician must undergo before being able to practice. There is also a concern that new technology may overtake the need for physicians who are trained in traditional screening methods such as colonoscopy. He suggested that there is no consensus in the medical community about what should be done to address this problem, but that the issues were discussed at the recent Digestive Diseases meeting.

➪**Next meetings**

- Several agenda items were postponed in the interest of time and will be discussed at the next meeting. These include information about CRF activities and discussion of the components of CRC control and plan development.
- Dates for the next meetings of this committee were decided:

July 1, 2002, 3-5pm
July 15, 2002, 3-5pm
Both meetings will occur at DHMH, room TBA.